



State of Idaho Emergency Medical Services Bureau
Provider Application Form



Level Applied For: ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT-A ☐ EMT-Paramedic

Type: ☐ Initial ☐ Recertification ☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender ☐ F ☐ M
Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ E-Mail _____

Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____
Signature Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: Volunteer Career
☐ True ☐ Full Time
☐ Compensated ☐ Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

Signature of Applicant _____

Date signed _____

For Bureau Use Only

Original Date Received in RO		Original Date Received in C&L	
Received in RO Complete	CHC Scan Date (PROV) _____ CHC Complete Date (FULL) _____ Course # _____ NR Written Date _____ NR Practical Date _____ Ambulance Rating (if AEMTA) Date _____ Included <input type="checkbox"/> Cert. Fee Rcvd Date _____ Approval Date/Initial _____ Entered into Database _____ Date Sent to CO _____ Previous ID State Certification <input type="checkbox"/> _____	Received in C&L Complete	FR/BASIC Test Date: 06/01-11/01 12/01-05/02 06/02-11/02 12/02-05/03 06/03-11/03 12/03-05/04 06/04-11/04 12/04-05/05 06/05-11/05 12/05-05/06 Expiration: 12/31/2004 06/30/2005 12/31/2005 06/30/2006 12/31/2006 06/30/2007 12/31/2007 06/30/2008 12/31/2008 06/30/2009
	ADV/PAR Test Date: 12/01-11/02 12/02-11/03 12/03-11/04 12/04-11/05 12/05-11/06 Expiration: 06/30/2004 06/30/2005 06/30/2006 06/30/2007 06/30/2008		

Current Certification/Registration Level: ▶ First Responder ▶ EMT Basic ▶ EMT-Intermediate ▶
EMT Paramedic

Attach legible copies of all current EMS Certification and National Registry of EMT’s registration.

EMS Certification examination location

City and State

Date

National Registry examination location

City and State

Date

Certification History:

Please list all EMS certifications or medical licenses you have held beginning with the most recent

LEVEL	STATE	ISSUING AUTHORITY	EXPIRATION DATE

Have you ever been subject to disciplinary action concerning EMS certification? ▶ Yes ▶ No
(If answered yes, attach a written explanation including the EMS authority that instituted the action)